

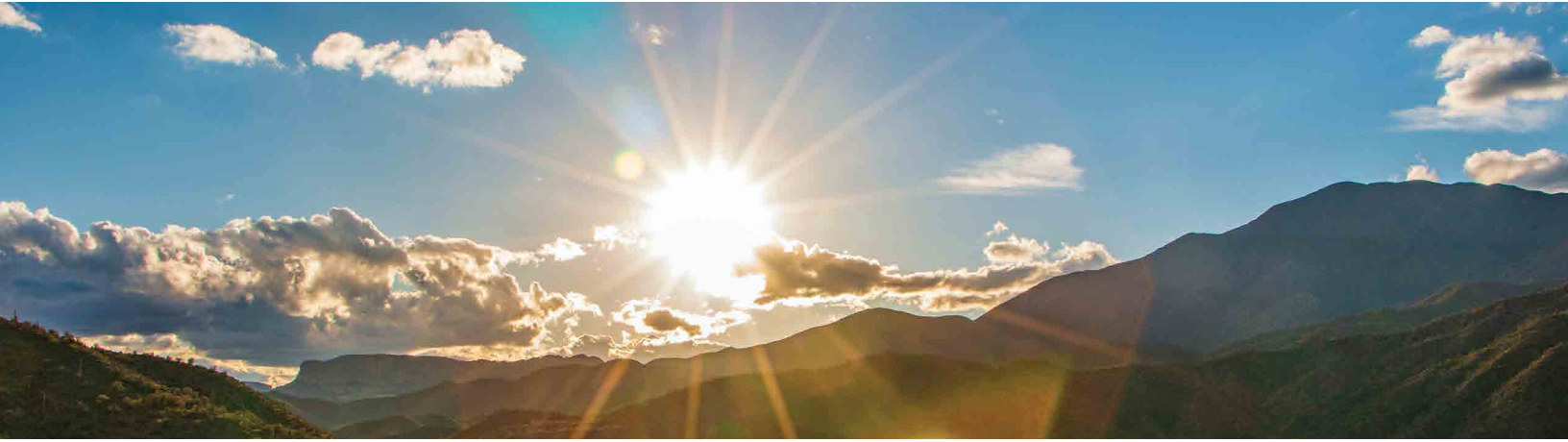
Arizona Health Improvement Plan

Mental Well-being

2021-2025



Published June 2021



Acknowledgements

The Arizona Health Improvement Plan (AzHIP) was developed collaboratively with input from partners and stakeholders across the state.

The plan received input from:

- The AzHIP Steering Committee, comprised of multi-sector leaders engaged in the public health system;
- [Core and Work Team members](#);
- Community partner and stakeholder forum participants;
- Attendees of the annual AzHIP summits; and
- On-line survey responses from subject matter experts.

The Arizona Department of Health Services (ADHS) thanks everyone who contributed their time, ideas, and expertise to building the AzHIP and the vision of Healthy People, Healthy Communities.

AzHIP Steering Committee Members

Dr. Cara Christ - Co-Chair

Arizona Department of Health Services

Suzanne Pfister - Co-Chair

Vitalyst Health Foundation

David Adame

Chicanos Por La Causa

Jennifer Carusetta

Previously representing Arizona Chamber of Commerce

Cynthia Claus

Phoenix Area Indian Health Services

Christina Corieri

Office of the Governor

Maria Dadgar

Inter Tribal Council of Arizona

Dr. Mary Ellen Dalton

Health Services Advisory Group

Dr. Dan Derksen

University of Arizona Center for Rural Health

Candy Espino

Arizona Council of Human Service Providers

Shawn Frick

Arizona Alliance for Community Health Centers

Nika Gueci

Executive Director for University Engagement,
ASU Center for Mindfulness, Compassion, &
Resilience

Deb Gullet

Arizona Association of Health Plans

Leslie Horton

Yavapai County Community Health Services

Debbie Johnston

Arizona Hospital & Healthcare Association

Marion Kelly

Mayo Clinic Office for Community Affairs

Libby McDannell

Arizona Medical Association

Virginia Rountree

Arizona Department of Economic Security

Melissa Sadorf

Stanfield Elementary School District

Joan Serviss

Arizona Housing Coalition

Jami Snyder

Arizona Health Care Cost Containment System

Christine Wiggs

Blue Cross Blue Shield of Arizona

Colonel Wanda Wright

Arizona Department of Veterans' Services

Letter from the Director

Dear Arizonans,

I am honored to share the 2021-2025 Arizona Health Improvement Plan (AzHIP) with you. The AzHIP is a plan for the entire state, which was developed by, and reflects the commitment of, public health, community partners, and dedicated stakeholders at the state and local levels to improving health in our communities.

In 2016, we shared the first AzHIP providing a five-year roadmap with 13 health priorities and four cross-cutting issues, including Access to Care, Built Environment, School Health, and Worksite Wellness. Over 350 unique action items were completed as a part of these priority areas to address key public health issues in Arizona. This work would not have been possible without the numerous partners who contributed to the development of the plan and especially those who took action across the state to support the various strategies.

The 2021-2025 AzHIP continues our dedication to improving the health and wellness of all Arizonans. The plan was developed using a process to bring together a network of partners to align resources and efforts. As progress of the first plan continues, this iteration focuses on a smaller number of priorities which underlie multiple health issues and disparities. The vision of each of the priorities reflect collective action taken by multiple partner organizations to achieve the goals and actions set forth.

Thank you to everyone who helped develop this plan and to all who will contribute to its implementation.

A handwritten signature in black ink, reading "Cara M. Christ MD". The signature is fluid and cursive, with the "MD" at the end being more distinct.

Cara M. Christ, M.D.
Director
Arizona Department of Health Services

Summary & Background

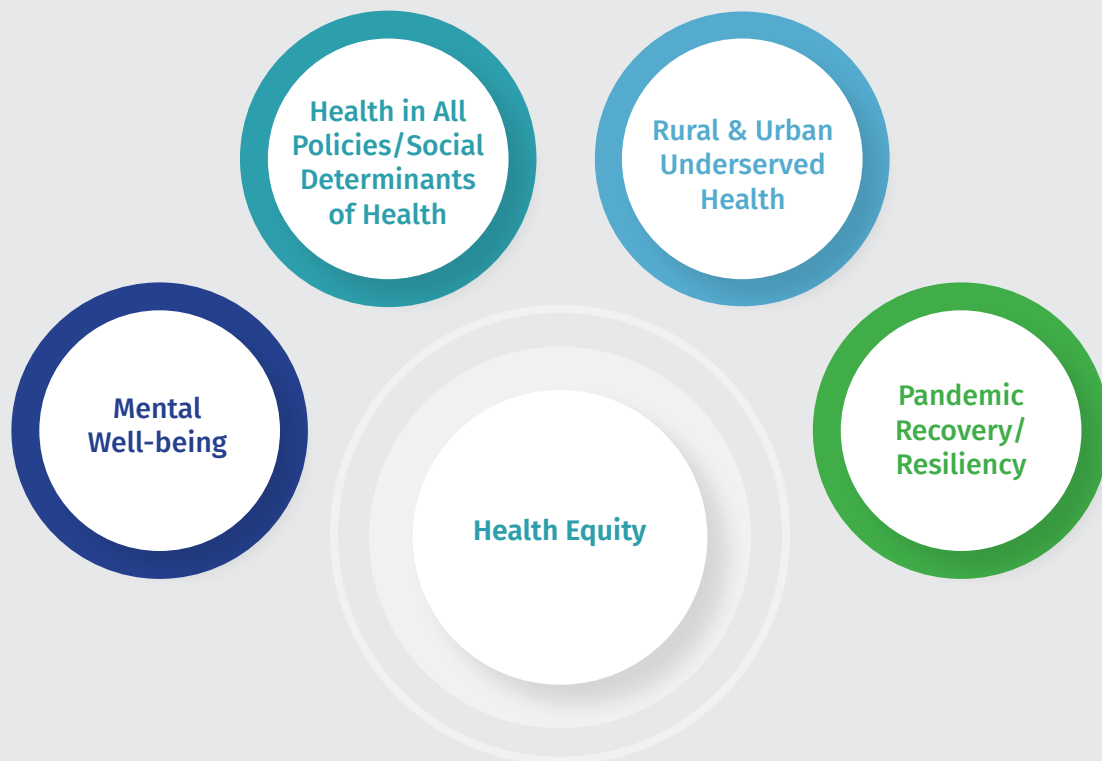
The AzHIP provides a structure and a venue bringing together a networked system of partners to improve the health of communities and individuals across Arizona. Driven by data and community participation, the AzHIP includes input from individuals and organizations who comprise the public health system. The plan aligns the state on common goals by enhancing non-traditional partnerships, focusing work on priority areas, breaking silos, and leveraging [community health improvement plans](#) (CHIPs) statewide. By identifying priorities specific to Arizona's needs, the plan can make the greatest impact on health promotion and disease prevention.

The first plan spanned 2016-2020 and described how ADHS and community partners and stakeholders worked together to address four cross-cutting issues and 13 health priority issues to significantly impact large numbers of Arizonans.

The 2021-2025 AzHIP builds on the progress of the 2016-2020 AzHIP and consists of five strategic priorities which focus on underlying health issues and significant overarching health disparities faced by Arizonans, including impacts of the COVID-19 pandemic.

The process to set the new priorities for 2021-2025 included a collaborative approach informed by the [State Health Assessment](#), which provides a snapshot of health and wellbeing in Arizona, presentations to stakeholders, a partner survey, and Summit participation. Centered on Health Equity, the AzHIP provides a unique opportunity to transform the health of our communities through strong, innovative partnerships.

AzHIP 2021 - 2025 Priorities



With the guidance of the AZHIP Steering Committee, a [Core Team of subject matter experts](#) and community leaders for each priority team drafted the vision, goals, and overarching strategies of this plan.

To ensure the **5-year plan** is flexible and can account for emerging health issues, the initial action plans focus on **18-24 months** of work. Work on the Pandemic Recovery & Resiliency priority is in progress and will be an update to the plan when complete.

The teams referenced relevant literature, evidence based and promising practices, and the [10 Essential Public Health Services](#) and [Healthy People 2030](#) frameworks as guides in their approach to, and development of, tactics and actions.

Where appropriate, the priority teams leveraged additional subject matter experts as subgroups to bring a detailed focus to proposed actions. Key in the development of each priority were statewide forums to capture and incorporate community input. **Over 380 attendees** participated in the four Forums [providing valuable feedback](#), including suggestions of tactics, incorporating existing efforts, and volunteering to lead actions.

Additionally, priority teams considered the following:



As part of the integration of health equity, attention to cultural humility is embedded in all of the 2021-2025 priorities. Cultural humility acknowledges that someone's culture can only be appreciated by learning from that person. Attributing traits or attitudes to members of a certain group may not be accurate or helpful in understanding them¹.

The AzHIP will be implemented by a wide range of public and private partners, including:

State agencies

Local health departments

Community-based organizations

Employers and private organizations

Universities

Local non-profits

Other local agencies and organizations

¹National Association of Chronic Disease Directors, <https://chronicdisease.org/state-health-department-organizational-self-assessment-for-achieving-health/>

Priorities

Numerous community and stakeholder forums were held during the planning of the 2021-2025 Arizona Health Improvement Plan (AzHIP). In total, over 500 individuals participated from both private and public organizations across the state. These forums were designed to ensure the AzHIP priorities were meaningful and addressed the most important issues to Arizonans.

Attendee feedback was captured and reviewed by each AzHIP priority team with the intent of including as much as possible for the first 18-24 months of the plan. Additional ideas can be found on the [Forum Suggestions](#) page as they will be reviewed periodically throughout the life of this 2021-2025 AzHIP and incorporated into the action plans whenever possible.

Note: Leading organizations of tactics and/or action steps have been noted in parentheses.

Mental Well-being

Mental Well-being: Challenge and Opportunity!

Mental well-being is defined by the World Health Organization as “whole person well-being in which every individual experiences life-long growth...and experiences a sense of belonging and meaning within their community.”

Even in pre-pandemic times, we witnessed alarming trends depicting the fragility of mental well-being across all populations in Arizona. Mortality related to suicide and drug overdose, along with other “deaths of despair,” were on the rise, and public health concerns related to social isolation and the “epidemic of loneliness” was becoming increasingly discussed in the medical and mental health communities, and a meta-analysis of research studies indicated that premature death was up as much as 30% due to stress-related events such as heart and stroke events, drug overdose, and violence to self and others³.

As the pandemic surged in 2020 and early 2021, studies indicate the vast majority of people are reporting heightened stress, with nearly half also reporting they are struggling with some form of mental health and/or substance abuse conditions, while self-reported depression is up over 300%⁴. Thus, the AzHIP has included Mental Well-Being as a core component for the next five years.

³Holt-Lunstad J, Smith TB, Baker M, Harris T, Stephenson D. Loneliness and social isolation as risk factors for mortality: a meta-analytic review. *Perspect Psychol Sci*. 2015 Mar;10(2):227-37. doi: 10.1177/1745691614568352. PMID: 25910392.

⁴Czeisler ME, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1049–1057. DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1>. McKnight-Eily LR, Okoro CA, Strine TW, et al. Racial and Ethnic Disparities in the Prevalence of Stress and Worry, Mental Health Conditions, and Increased Substance Use Among Adults During the COVID-19 Pandemic — United States, April and May 2020. *MMWR Morb Mortal Wkly Rep* 2021;70:162–166. DOI: <http://dx.doi.org/10.15585/mmwr.mm7005a3>. Vahratian A, Blumberg SJ, Terlizzi EP, Schiller JS. Symptoms of Anxiety or Depressive Disorder and Use of Mental Health Care Among Adults During the COVID-19 Pandemic — United States, August 2020–February 2021. *MMWR Morb Mortal Wkly Rep* 2021;70:490–494. DOI: <http://dx.doi.org/10.15585/mmwr.mm7013e2>



VISION

A state of whole person well-being in which every individual experiences life-long growth and capacity-building, adapts to changing challenges and adversities, lives fully and fruitfully, and experiences a sense of belonging and meaning within their community.

-Adapted from World Health Organization

The Mental Well-Being Action Plan is divided into three major strategies, with interwoven plans and ownership by key stakeholders across Arizona.

The three strategies are:

- Reduce opioid use and overdose fatalities.
- Reduce suicide-related events.
- Improve awareness of and address the impact of social isolation and loneliness on health.

Bringing key stakeholders in these arenas with expertise and public reach into a coordinated network addressing mental well-being, represents an unprecedented statewide effort to meet the needs of people in de-stigmatizing fashion.



It is important to note the Mental Well-Being Plan incorporates both existing programs and programs that will need to be developed. **A few of the many examples of such efforts include:**

Reduce Opioid Use & Overdose Fatalities

- Educating healthcare providers and consumers on available non-pharmacological treatments of chronic pain.
- Launching a public awareness campaign aimed at reducing the stigma that too often poses barriers to seeking services.

Improve Awareness of and Address the Impact of Social Isolation and Loneliness on Health

- Launching a public campaign that raises awareness of the normalcy of isolation, and ways to combat it.
- Designing/implementing community-based pilot initiatives in underserved regions, including virtual networking at the local levels.

Reducing Suicide-Related Events

- Increasing the number of public-facing and frontline staff trained in evidence-based suicide prevention skills.
- Leveraging the work of Project AWARE, focusing on school-aged youth at risk.

It is important to note all strategies and action plans are grounded in core values that include the identification of high-risk populations, implementation in ways that ensure cultural relevance and sensitivity, public messaging that de-stigmatizes the issues being addressed, and promotion of the critical importance of having a sense of community and belonging.

Reduce Opioid Use & Overdose Fatalities

Promote effective non-pharmacologic management of Chronic Pain to reduce unnecessary use of opioids

Tactic A

Implement strategies in a manner that ensures cultural humility and health equity are a priority

Tactic B

Educate consumers and providers on available treatments (medical community, chronic pain patients)

Tactic C

Enhance access to treatment for substance use disorder, chronic pain, and mental health

Develop and implement a stigma reduction and awareness campaign

Tactic A

Increase mental health and wellness resources for families of people at risk

Tactic B

Implement stigma reduction campaign

Tactic C

Implement strategies in a manner that ensures cultural humility and health equity are a priority

Improve Awareness of, and Address, the Impact of Social Isolation and Loneliness on Health

Increase public discourse on social isolation and loneliness, i.e. stigma, prevalence and impact on health

Tactic A

Develop strategies which are population-based

Tactic B

Create an outreach strategy that de-stigmatizes normalizes loneliness and sheds light on its impact on health

Tactic C

Create awareness of social isolation issues among key stakeholders

Make widely available actionable steps people can take to address loneliness

Tactic A

Create resources and potential actions for persons identifying as lonely and for communities to combat loneliness

Tactic B

Develop & launch public awareness campaign

Improve Awareness of, and Address, the Impact of Social Isolation and Loneliness on Health

Create increased sense of community, and belonging, throughout Arizona, in more vulnerable populations

Tactic A

Create communities of practice to share information and address disconnects

Tactic B

Design and launch community-based pilots that provide telehealth opportunities for select rural/underserved populations to acquire a sense of community and belonging

Reduce Suicide-Related Events

Increase number of public facing/ front-line staff who receive an approved evidence- based suicide prevention training

Tactic A

Identify organizations (employers/ corporations, partners, providers, agencies, etc.) and front line/ public facing staff to receive training

Tactic B

Expand statewide training capacity in a manner that ensures cultural humility and health equity are a priority

Increase access to mental health management resources, with a particular focus on remote options (telehealth therapy/ psychiatry/ addiction support appointments, virtual support groups, mental health first aid, etc.)

Tactic A

Ongoing surveillance of suicidal behaviors, risks, and protective factors

Tactic B

Implement suicide prevention strategies in a manner that ensures cultural humility and health equity are a priority

Reduce Suicide-Related Events

Increase awareness and utilization of population-based mental health and wellness resources/outreach where they exist and develop strategies to close gaps

Tactic A

Communicate to the public at large (inclusive of higher risk populations)

Tactic B

Coordinated communication among state and community stakeholders of prevention

Tactic C

Implement suicide prevention strategies in a manner that ensures cultural humility and health equity are a priority

Detailed Action Plan



Mental Well-being

It is important to note that the Mental Well-Being Plan of Action incorporates both existing programs and programs that will need to be developed. A few of the many examples of such efforts include:

Reduce Opioid Use & Overdose Fatalities

- Educating healthcare providers and consumers on available non-pharmacological treatments of chronic pain.
- Launching a public awareness campaign aimed at reducing the stigma that too often poses barriers to seeking services.

Improve Awareness of and Address the Impact of Social Isolation and Loneliness on Health

- Launching a public campaign that raises awareness of the normalcy of isolation, and ways to combat it.
- Designing/implementing community-based pilot initiatives in underserved regions, including virtual networking at the local levels.

Reducing Suicide-Related Events

- Increasing the number of public-facing and frontline staff who are trained in evidence-based suicide prevention skills.
- Leveraging the work of Project AWARE, focusing on school-aged youth at risk.

It is important to note all strategies and action plans are grounded in core values that include the identification of high-risk populations, implementation in ways that ensure cultural relevance and sensitivity, public messaging that de-stigmatizes the issues being addressed, and promotion of the critical importance of having a sense of community and belonging.



VISION

A state of whole person well-being in which every individual experiences life-long growth and capacity-building, adapts to changing challenges and adversities, lives fully and fruitfully, and experiences a sense of belonging and meaning within their community.

-Adapted from World Health Organization

Reduce Opioid Use & Overdose Fatalities

Promote effective non-pharmacologic management of Chronic Pain to reduce unnecessary use of opioids

Tactic A

Implement strategies in a manner that ensures cultural humility and health equity are a priority

- Examine insurance coverage and access for non-opioid therapies for pain management services. (AHCCCS)
- Assess and understand availability of resources in the populations/ communities where training is being delivered and develop a public health resource map. (ADHS)

Tactic B

Educate consumers and providers on available treatments (medical community, chronic pain patients)

- Identify proven alternatives to treat chronic pain and help consumers navigate options. (ADHS)
- Develop education and training materials leveraging existing collateral to provide audience specific content - Create new if necessary. (ADHS)
- Identify target audiences and partner with organizations to deliver training. (AHCCCS)

Tactic C

Enhance access to treatment for substance use disorder, chronic pain, and mental health

- Perform needs assessments and gap analysis (AHCCCS and other) identifying SUD and OUD medical providers in Arizona who offer substance use treatment. (ADHS)2. Identify additional state strategies to improve access to behavioral health care/ pain management. Support use of telehealth for access to care. (AHCCCS)
- Targeted naloxone distribution to the community, not just law enforcement, in areas where opioid overdoses are higher, or where more at-risk populations reside.
- Engage state agencies to promote cross-sector collaboration and support greater access to care and adequate provider networks.

Reduce Opioid Use & Overdose Fatalities

Develop and implement a stigma reduction and awareness campaign

Tactic A

Increase mental health and wellness resources for families of people at risk

- Perform gap analysis and needs assessment of existing/available resources. (AHCCCS)
- Develop education and training materials leveraging existing collateral to provide audience specific content - Create new if necessary. (AHCCCS)

Tactic B

Implement stigma reduction campaign

- Identify target audience for stigma reduction campaign (ADHS/AHCCCS)
- Identify training requirements/topics (ADHS)
- Develop and/or leverage federal, state and local campaigns & training programs and resources to create campaigns (ADHS/AHCCCS)

Tactic C

Implement strategies in a manner that ensures cultural humility and health equity are a priority

- Assess and understand availability of resources in the populations/communities where training is being delivered and develop public health resource maps. (ADHS)

Improve Awareness of, and Address, the Impact of Social Isolation and Loneliness on Health

Increase public discourse on social isolation and loneliness, i.e., stigma, prevalence, and impact on health

Tactic A

Develop strategies which are population-based

- Identify key stakeholders, in Arizona, for each population. (ADHS, AHCCCS, AzCHOW, local health departments, ASU, University of Arizona, NAU)

Tactic B

Create an outreach strategy that de-stigmatizes/normalizes loneliness and sheds light on its impact on health

- Identify the direct needs of communities as indicated in literature reviews and interviews with local stakeholders. (ADHS, local health departments, tribal health, contracted vendors)
- Perform a 50-state review or literature review of public health initiatives and resources for loneliness. (ADHS)
- Co-create collateral/a tool which identifies key indicators and help individuals, others, identify signs and symptoms of loneliness and adapt existing tools – example: UCLA. (ADHS)
- Identify and communicate resources which support individuals who are feeling isolated or lonely with sensitivity to how people want to access information. (Arizona Community Health Workers Association (AzCHOW), local health departments)

Tactic C

Create awareness of social isolation issues among key stakeholders

- Support communities in their efforts to enhance a sense of belonging by developing messaging to connect individuals to key support resources. (community health workers (CHW), faith-based communities, social media/online) (Faith-based groups, veteran's groups, ADHS)
- Develop training for resources. (healthcare workers, CHWs) (ADHS, contracted vendors)
- Examine insurance coverage and access for companionship. (AHCCCS)

Improve Awareness of, and Address, the Impact of Social Isolation and Loneliness on Health

Make widely available actionable steps people can take to address loneliness

Tactic A

Create resources and potential actions for persons identifying as lonely and for communities to combat loneliness

- Co-create collateral/tools which identify key indicators and help individuals, and loved ones, identify signs and symptoms of loneliness. Adapt existing tools – example: UCLA. (ADHS)
- Create one resource center (e.g., online clearing house) which brings multiple support organizations, resources, etc. which are available to those in need. (ADHS)
- Identify and communicate resources which support individuals who are feeling isolated or lonely (Example CHWs) – Need to be sensitive to how people want to access information. (ADHS, AZ Veterans Services, contracted vendors)

Tactic B

Develop & launch public awareness campaign

- Conduct formative research and a pilot study. (ADHS, contracted marketing vendor)

Improve Awareness of, and Address, the Impact of Social Isolation and Loneliness on Health

Create increased sense of community and belonging throughout Arizona in more vulnerable populations

Tactic A

Create communities of practice to share information and address disconnects

- Leverage trauma informed data. (AHCCCS, Department of Education (ADE), School Districts)

Tactic B

Design and launch community-based pilots that provide telehealth opportunities for select rural/underserved populations to acquire a sense of community and belonging

- Identify groups of individuals (in rural and urban underserved populations) for the pilots with the help of community organizations. (AzCHOW, veteran's groups, local health departments, community agencies)
- Plan a 16-24-week curriculum of virtual events, including wellbeing workshops, meditation, recreational, etc. (ADHS)
- Consider assigning an "ambassador" or "buddy" to every new registrant so that there is less discomfort about starting a new thing. (TBD)
- Track user attendance, frequency, retention, referrals, surveys/ scale on accessibility of "community" and feeling a sense of "community" using software, and automated feedback surveys. (TBD)
- Tailor/update telehealth initiative based on feedback and metrics and then deploy to larger audiences. (ADHS, contracted vendor)

Reduce Suicide-Related Events

Increase number of public facing/front-line staff who receive an approved evidence-based suicide prevention training

Tactic A

Identify organizations (employers/corporations, partners, providers, agencies, etc.) and front-line/public facing staff to receive training

- Create calendar of online, virtual community events, and in-person best practice suicide prevention trainings being offered statewide. (AHCCCS, ADHS)
- Advertise and promote training. (AHCCCS)
- Encourage state agencies to follow the Zero Suicide model and implement virtual practices. (AHCCCS)

Tactic B

Expand statewide training capacity in a manner that ensures cultural humility and health equity are a priority

- Assess and understand availability of resources in the populations/communities where training is being delivered and develop public health resource maps. (AHCCCS)

Reduce Suicide-Related Events

Increase access to mental health management resources, with a particular focus on remote options (telehealth therapy/psychiatry/addiction support appointments, virtual support groups, mental health first aid, etc.)

Tactic A

Ongoing surveillance of suicidal behaviors, risks, and protective factors

- Create state and local suicide mortality review teams to review all suicide deaths in Arizona and identify recommendations for prevention. (ADHS)
- Encourage state agencies to follow the Zero Suicide model and implement virtual practices. (AHCCCS, ADHS)
- Develop recommendations for feasibility of a statewide program for Arizonans to receive navigation to suicide prevention resources. (ADHS)

Tactic B

Implement suicide prevention strategies in a manner that ensures cultural humility and health equity are a priority

- Assess and understand availability of resources in the populations/communities where training is being delivered and develop public health resource maps. (AHCCCS)

Reduce Suicide-Related Events

Increase awareness and utilization of population-based mental health and wellness resources/ outreach where they exist and develop strategies to close gap

Tactic A

Communicate to the public at large (inclusive of higher risk populations)

- Create a social media campaign highlighting suicide prevention resources. (AHCCCS)
- Develop a stigma reduction campaign to promote help seeking behavior to include youth awareness. (ADHS)

Tactic B

Coordinated communication among state and community stakeholders of prevention

- Develop and leverage relationships to further suicide prevention efforts with Tribal, veteran, and rural stakeholders. (AHCCCS, Governor's Office of Tribal Affairs)
- Develop and leverage relationships with priority professions to promote suicide prevention (i.e., veterinarians, construction, first responders). (AHCCCS)
- Through the Healthy Arizona Worksite Program (HAWP), assist employers to encourage their employees to take advantage of available mental health resources. (ADHS)

Tactic C

Implement suicide prevention strategies in a manner that ensures cultural humility and health equity are a priority

- Assess and understand availability of resources in the populations/ communities where training is being delivered and develop public health resource maps. (AHCCCS)

Plan Implementation

The AzHIP is an important resource for all Arizona public health system partners. Organizations can align their work with the overarching statewide goals and objectives for health improvement in these priority areas or identify strategies for their own health improvement efforts.

This is a living document intended to be monitored and evolve during its duration. These strategies and tactics are an important starting point in addressing the priorities, but it is expected they will continue to develop as teams begin working to implement them. Progress to this plan will be communicated via periodic newsletters, annual reporting, and the annual AzHIP Summit. Updates will also be posted to the ADHS website.

Numerous forums were held during the development of this plan. While valuable suggestions were incorporated, additional ideas captured were not included in the first version of the plan. A complete list of these suggestions can be found [here](#) to reference and incorporate into future planning.

A sincere thank you to the dedication of those who developed this plan.

Appendix

Priority Core Team Members

Amanda Aguirre

Regional Center for Border Health, Inc./ San Luis Walk-In Clinic, Inc.

Linda D. Arroyo

Tanner Community Development Corporation

Teresa Aseret-Manygoats

Arizona Department of Health Services

Agnes Attakai

University of Arizona

Leila Barraza

University of Arizona Health Sciences

Melody Baty

South Phoenix Healthy Start

Meghanne Bearden

Wildfire AZ

Terry Benelli

Local Initiatives Support Corporation (LISC)

Carla Berg

Arizona Department of Health Services

David Bridge

Arizona Health Care Cost Containment System

Vicki Buchda

AZ Health Care and Hospital Association

Rhoshawndra Carnes

Pilgrim Rest Foundation, Inc.

Hershel Clark

Black Hills Center for American Indian Health

Gloria Coronado

Yuma County Public Health Services District

Maria Dadgar

Inter Tribal Council of Arizona, Inc.

Juliana Davis

Arizona Department of Economic Security
Refugee Health

Stacey Dawson

Indian Health Services

Zaida Dedolph

Children's Action Alliance

Dr. Dan Derksen

University of Arizona Health Sciences

Dede Devine

Native American Connections

Ruby Dhillon-Williams

Arizona Department of Housing

Kelli Donley-Williams

Arizona Health Care Cost Containment System

Shana Ellis

Arizona State University

Candy Espino

Arizona Council of Human Service Providers

Jon Ford

Vitalyst Health Foundation

Shayne Galloway

Centers for Disease Control and Prevention/
Arizona Department of Health Services

Scott Gaudette

Arizona Department of Health Services

Dannielle Gilliam

NAACP/ ADA/ AZ Obesity Organization
(AOO)/ Novonordisk

Allen Gjersvig

Arizona Alliance for Community Health
Centers

Shruti Gurudanti

Televeda, Inc.

CJ Hager

Formerly with the Vitalyst Health

Gerilene Haskon

Blue Cross Blue Shield of Arizona

Mignonne Hollis

Arizona Regional Economic Development
Foundation

Lee Itule-Klasen

Pima County

Rev. Arnold Jackson

Mt. Moriah Community AME Church

Jacqueline Kurth

Arizona Department of Health Services

Betsy Long

Arizona Department of Economic Security

Julie Mack

Arizona Complete Health

Jeanette Mallery

Health Choice

Devonna McLaughlin

Housing Solutions of Northern Arizona

Gregorio Montes de Oca

Mountain Park Health Center

Liz Morales

City of Tucson

Gloria Munoz

Maricopa County

Stephanie Martinez

Arizona Department of Health Services

Alida Montiel

Inter Tribal Council of Arizona

Allison Otu

University of Arizona Health Sciences

Teri Pipe

Arizona State University

Lainie Plattner

Arizona Alliance For Community Health Centers

Suzanne Pfister

Vitalyst Health Foundation

Siman Qasim

Formerly with Children's Action Alliance

Layal Rabat

Asian Pacific Community in Action (APCA)

Dr. Priya Radhakrishnan

HonorHealth

Floribella Redondo-Martinez

Arizona Community Health Worker Association

Dulce Maria Ruella

Grand Canyon University-College of Nursing &
Health Care Professions

Kim Russell

Arizona Advisory on Indian Health Care

Rachael Salley

Previously with Arizona Department of Health Services

Sally Schwenn

Gorman USA

Aimee Sitzler

Arizona Public Health Association/
Community Alliance Consulting

Joan Serviss

Arizona Housing Coalition

Sheila Sjolander

Arizona Department of Health Services

Michael Soto

Equality Arizona

Patricia Tarango

Arizona Department of Health Services

Charlene Tarver

The Women's Economic Institute, Inc

Alexandra Terry

Tohono O'odham Ki:Ki Association

Wayne Tormala

Arizona Department of Health Services

Adrienne Udarbe

Pinnacle Prevention

Serena Unrein

Arizona Partnership for Healthy Communities

Kevin Welsh

Redstone Equity

Kim VanPelt

First Things First

Dr. Pilar Vargas

United Healthcare Community Plan

Veronica Venturini

American Cancer Society

Dr. Lisa Villarroel

Arizona Department of Health Services

Amber Rose Waters

Dine College, Navajo Nation

Dr. Sala Webb

Department of Child Safety

Christine Wiggs

Blue Cross Blue Shield of Arizona

Wanda Wright

Arizona Veterans Services

Steve Yamamori

The Reveille Foundation

Jessica Yannow

Blue Cross Blue Shield of Arizona

Daniella Zepeda

La Frontera Partners, Inc.

Cynthia Zwick

Wildfire AZ



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Arizona Department of Health Services

AzHIP@azdhs.gov

150 N. 18th Avenue
Phoenix, AZ 85007